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ABSTRACT

This analysis reports on the plans for special education personnel development by those states submitting fourth year applications under Part H of Public Law 99-457, the Education of the Handicapped Act Amendments (1986). The eight states--Colorado, Hawaii, Idaho, Illinois, Maryland, Montana, North Carolina, and Texas--used a variety of approaches in addressing the law's two primary components: (1) standards for early intervention personnel; and (2) a Comprehensive System of Personnel Development (CSPD). The report presents findings by specific legislative and regulatory requirements including the following: disciplines included (audiologists, special educators, nurses, nutritionists, occupational therapists, physical therapists, physicians, psychologists, social workers, speech/language pathologists); personnel standards (including "highest standards," infancy specialization, and assurance of qualified personnel); CSPD components (qualified personnel, inservice education and technical assistance system, preservice system, dissemination, supply/demand); and special provisions (relationship between CSPD-H and CSPD-B, interdisciplinary training, variety of personnel included in training, interrelated needs of infants and toddlers, families--promoting the child's development and participation in the Individualized Family Service Plan, and training on the state's early intervention system). A table offers questions to guide the development of a statewide personnel system. (DB)

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Number 2 (September 27, 1991) Personnel Preparation

Analysis of State Applications for Year 4: Planning for the Personnel Components of Part H of IDEA

by

Mary Beth Bruder and Jeanette McCollum

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States submitting their fourth year applications for funding under Part H are required to describe their plans and activities for ensuring that early intervention personnel are appropriately and adequately prepared and trained. This information must address a number of regulations related to state policy in two primary components: (a) standards for early intervention personnel [Sec. 676(b)(13)], and (b) a Comprehensive System for Personnel Development (CSPD) [Sec. 676(b)(8)]. As of January 30, 1991, eight states' Year 4 applications had been approved by OSEP. These states made the personnel sections of their applications available to the authors for analysis. The purpose of this analysis is to assist other states that are still in the process of developing the personnel portions of their applications.

The eight states--Colorado, Hawaii, Idaho, Illinois, Maryland,* Montana, North Carolina, and Texas--used a variety of approaches in addressing the two personnel components of Part H. Therefore, the authors have listed states which used particular approaches, and in some cases have selected specific examples from these eight applications to illustrate how specific personnel were addressed. The personnel sections of the eight applications reviewed ranged in length from 10 to 50 pages. The required information was included within the narrative, Appendices, or both.

Table 1 lists those portions of Part H and the regulations that are most pertinent to the development of the CSPD. These categories have been used to organize this analysis. It should be noted that P.L. 99-457, and not the subsequent P.L. 101-476, was used for this analysis, as it was the legislation to which these nine states were responding in their applications. It also is important to remember that the analysis is limited to what was included in documents submitted to OSEP prior to January, 1991, and therefore does not reflect continued work by these states.

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* *NOTE:* As a birth mandate state, Maryland did not have to address all fourth year requirements in its Year 4 application. In the summer of 1991, Maryland submitted an application for Year 5, which did address all requirements for Years 4 and 5; OSEP approved this application. Information about Maryland's CSPD activities contained in this paper is consistent with their approved Year 5 application.

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Table 1

Legislative and Regulatory Requirements Pertaining to Personnel Standards and the Comprehensive System for Personnel Development*

Disciplines Included [P.L. 99-457: Sec. 672(2); Rules and Regulations: Sec. 303.12(3) and 303.361 (Note)]

Disciplines Included in P.L. 99-457 [Sec. 303.12(3)]:
Audiologists, Special Educators, Nurses, Nutritionists, Occupational Therapists, Physical Therapists, Physicians, Psychologists, Social Workers, Speech/Language Pathologists

Additional Occupational Categories [Sec. 303.361 (Note)]:
Occupations deemed necessary by individual states

Personnel Standards [P.L. 99-457: Sec. 676(b)(13); Rules and Regulations: Sec. 303.361]

Highest Standards
Infancy Specialization
Assurance of Qualified Personnel
Analysis of current status
Steps to meet standards

Comprehensive System of Personnel Development [P.L. 99-457: Sec. 676(b)(8); Rules and Regulations: Sec. 303.360]

Qualified Personnel
Inservice Education and Technical Assistance System
Preservice System
Dissemination
Supply/Demand

Special Provisions [Rules and Regulations: Sec. 303.360]

Relationship between CSPD-H and CSPD-B
Interdisciplinary Training
Variety of Personnel Included in Training
Interrelated Needs of Infants and Toddlers
Families: Promoting the Child's Development and Participation in the IFSP
Training on the State's Early Intervention System

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* Adapted from McCollum, J.A., & Bailey, D.B. (Winter 1991). Developing comprehensive personnel systems: Issues and alternatives. Journal of Early Intervention, 15(1), p. 58.

I. Disciplines Included [P.L. 99-457, Sec. 672(2)]

Disciplines Included in P.L. 99-457. Most of the eight applications reviewed included specific information on each of the ten disciplines listed in the law (see Table 1).

Additional Occupational Categories. A number of states chose to identify additional occupational categories not named specifically in the law who may provide services to infants, toddlers, and their families. For example, Maryland has included professional counselors as personnel who currently provide services under P.L. 99-457. Texas uses an Early Intervention Specialist designation. Illinois is proposing two new occupational categories at the bachelor's or master's level--Child Development Specialist (CDS) and a Family Support Specialist (FSS)--and two at an associate degree level--the CDS associate and the FSS associate. Montana also has created two occupational categories, Family Support Specialist and Intake Specialist, which provide early intervention services as well as support and coordination to families. These individuals must meet entry-level academic requirements comparable to other occupations, although a competency-based certification is being developed.

Idaho and North Carolina each have created a new occupational category which may be filled by professionals who possess entry-level certification in an early intervention-related field. Idaho has proposed the category of case manager, which can be filled by a person who meets state licensing and certification standards for social work, nursing, or a related field as defined by Medicaid, the Department of Health and Welfare, and the state personnel commission. In North Carolina, the "infant interventionist" is a classification within the Division of Mental Health, Developmental Disabilities and Substance Abuse (the Part H lead agency). The title is designed for professionals who provide child development and parent support activities. Staff within the state's early intervention program must obtain this credential.

II. Personnel Standards [P.L. 99-457, Sec. 676(b)(13)]

Highest Standards. All eight states included assurances that personnel providing early intervention services will meet the highest entry-level academic degree or other comparable requirements. Some states (Colorado, Montana, North Carolina) included quite lengthy excerpts from current regulatory statutes governing different disciplines.

All eight states require academic credentials and, for most disciplines, a state or national certification or license. However, there is much variability across state licensing and certification regulatory agencies. It should be noted that nutrition was the discipline which most often did not have any state level credential, although there is a national credential through the American Dietetic Association which frequently was cited as the preferred standard.

Infant Specialization. Several states have outlined early intervention specializations for certain existing categories of professionals. These will be obtained through observable competencies, experience and/or coursework, and in most cases will be added to already existing professional entry-level standards (either degree-based, licensed, or certified). In some states, this also may lead to designation under a new occupational category.

Of the states reviewed by the authors, North Carolina has developed the most extensive credentialing system for ensuring specialized infancy personnel. Development of these "privileging" procedures (as they are termed in North Carolina) for the infant interventionist involved identification of 88 specific competencies in six general areas relevant to working with infants and toddlers. To be privileged as an infant/toddler specialist, early interventionists must participate in additional training and must demonstrate these competencies in their work settings. All interventionists, whether employed in home-based, center-based, or mainstreamed settings, must be privileged within a specific period of time. The process requires that interventionists secure specific levels of additional training that are tailored to the relevance of the individual's educational background. An individual with a degree in early childhood education, for example, must complete nine additional training credits in specified competency areas defined for birth-to-3 personnel, whereas a person with a degree less relevant to early intervention (e.g., general education) would require 18 training credits.

Starting December 1, 1989, all early interventionists in North Carolina must complete five training credits per year until they are privileged, and three per year to maintain their status. Privileged status is achieved through an examination of each individual's

training record by the local mental health/-developmental disabilities program, in accordance with statewide standards. Names of candidates for privileged status are submitted to the state early childhood development coordinator of the state Division of MH/DD/SA for issuance of a certificate. Many currently employed interventionists, particularly those working in center-based programs, also serve preschoolers. Consequently, they are subject as well to the preschool special education certification process established by the state Department of Public Instruction. The infant specialist privileging procedures were designed to be as consistent as possible with this certification process.

In Illinois, early intervention personnel from all disciplines will be required to meet the highest personnel standards for their respective disciplines, plus additional specialization standards to be defined for personnel working in early intervention settings. As in North Carolina, the extent of additional training required will be based on the current credentials of each individual, in combination with the roles the individual fills within the early intervention program. A combination of options may be counted toward the specialization (e.g., experience, inservice, coursework).

Assurance of Qualified Personnel. Most states reported the percentage of current early intervention staff who meet entry-level personnel standards. Colorado, Maryland, and Texas conducted personnel studies through a variety of methods. Maryland used the P.L. 99-457 annual personnel data count to report this data. Colorado and Texas each used annual early intervention program plans to report this data. Both Hawaii and Illinois report that statewide studies are in process or are planned for the future.

In most states that specifically reported these data, there was little difference between entry-level standards for early intervention and those for entry into other service settings. An exception was Maryland, where speech and language pathologists currently can provide services within public school programs without having the highest entry-level credential, but only under temporary certification. Since Education is not the lead agency for Part H in Maryland, this situation could cause problems for existing early intervention personnel. However, a survey conducted by the Maryland Speech/Language/Hearing Association, the State Department of Education, and the Maryland Infants and Toddlers Program concluded that all speech and language pathologists currently practicing within early intervention projects in Maryland do hold the highest entry-level credential, which is a masters degree.

In regard to how discrepancies between the qualifications of current personnel and the entry-level requirements will be addressed, three states (Colorado, Illinois, Texas) indicated that they will provide some type of provisional or emergency credential as a way to allow underqualified staff to remain in or be recruited into early intervention positions. These provisional credentials will be tied to training requirements and, in some cases, are time limited. Colorado stated an additional requirement for underqualified staff: they must be supervised by a professional who meets the highest standards.

Most states listed a variety of types of training opportunities for current staff. At least four states (Hawaii, Illinois, North Carolina, Texas) plan to provide systematic regional training which is or will be linked to the infant specialist standards.

III. Comprehensive System for Personnel Development [P.L. 99-457, Sec. 676(b)(8)]

Qualified Personnel. All eight states indicated that they will use some mechanism for assessing the training needs of personnel serving infants, toddlers and their families. Most states were able to provide multiple sources of data to document training needs. This was so regardless of whether or not the state had or was planning an additional infant specialization requirement. At the time these documents were reviewed, most of the competencies identified were either in draft form (Hawaii, Idaho, Illinois, North Carolina, Texas) or being developed (Montana).

An example of a state that collected data on the training needs of early intervention personnel was Colorado, which conducted a number of needs assessments in preparation for developing the Part H CSPD. These included 1) an early childhood preservice preparation survey, which was sent to appropriate departments and all public and private post-secondary institutions of the state; 2) an early childhood inservice survey of service providers to determine current and projected personnel needs and common inservice training needs; and 3) a needs assessment completed by the University of Colorado School of Nursing to identify from parents and child care providers the current needs regarding child care for children with disabilities.

Another example of the assessment of training needs through a variety of methods was included in Montana's application. The following surveys were reported: 1) the Developmental Disabilities Division (DDD) conducted an annual survey of the Child and Family Service Provider Agencies to seek input regarding topics and presenters for an annual conference; 2) the Family Support Service Evaluation Project at the UAP at Missoula conducted interviews with a random sample of Family Support Specialists and mailed a survey to these early intervention professionals about the provision of child and family services and methods and topics of orientation and training; 3) the Family Support Enhancement Project at the UAP conducted an analysis of the DDD-supported evaluation and diagnostic services provided across the state by three agencies, drawing implications for training related to child and family assessment; 4) the UAP offered a summer institute on early intervention on topics suggested by providers; and 5) the DDD, UAP, and Family Support Advisory Council conducted a survey to determine competencies needed by Family Support Specialists.

Maryland will sponsor an Early Intervention Trainers Consortium, consisting of 15 members who represent institutions of higher education (2), community colleges (2), health (2), social services (2), education agencies (2), independent training programs (2), advocates (1), and parents (1), as well as the chair of the state Interagency Coordinating Council (ICC). The consortium will conduct an annual survey in collaboration with identified inservice and preservice training programs. Moreover, each local lead agency established under Maryland's statewide system of local councils will conduct an annual multiagency, interdisciplinary needs assessment. The Family Support Network also will conduct an annual survey of training needs for families and professionals, as perceived by families. Physicians also were surveyed during 1989, and a work group was formed to identify the status and ongoing training needs of paraprofessionals.

Other goals of the Maryland consortium include the establishment of 1) a statewide telecommunication network linking agencies and organizations involved in the education of early intervention service providers; 2) a Lending Interdisciplinary Multimedia Resource Center (LIMRC) for statewide dissemination of materials related to training and early intervention issues; 3) a Training Consortium Newsletter designed to provide information related to preservice or inservice training of early intervention service providers, thereby increasing accessibility; 4) an annual interdisciplinary conference designed to provide a forum for exchange of information and theories regarding emerging trends and issues relative to training and development of personnel preparation policies; 5) annual collection, analysis, and distribution of early intervention training needs data; and 6) a directory of early intervention training agencies and programs.

Texas will use the Project PAN AMS (Planning Assistance in Needs Assessment Management Systems) survey and coordinate it through the regional Education Service Centers located throughout the state. The needs assessment will be completed biannually to identify the most appropriate inservice for the staff of each funded program.

Four of the states--Colorado, Maryland, North Carolina, and Texas--will utilize the annual plans of local early intervention programs as a way of collecting needs assessment information, with formats and procedures being consistent across the state.

Inservice Education and Technical Assistance System. Most states provided a list of training opportunities which included information about the trainers, the sponsoring agencies or professional organizations, and targeted audiences. Likewise, most states coordinated the available training opportunities with priorities identified through needs assessments or--in the case of Hawaii, Illinois, and North Carolina--with personnel standards. The targeted audiences of the training included program administrators (Texas), case managers (Montana), paraprofessionals (Colorado, Hawaii), and families (Colorado). Conferences were listed as a training mode by Colorado, Montana, and Texas, and Montana projected using delivery models specific to rural areas (e.g., television, self paced materials).

Texas provides inservice to individual program staff via the development of an individual technical assistance plan. Programs may access a variety of consultants, the annual state conference, regional workshops, peer exchanges, or training resources.

Future inservice activities within states parallel current opportunities. For example, Hawaii and Illinois will provide ICC-sponsored workshops and conferences, and Illinois will distribute lists of available training.

Preservice System. Some states (Colorado, Maryland, Montana) were able to report the status of current training programs offering content specific to early intervention across institutions of higher education. In particular, Montana has developed a chart which lists each higher education preservice program specific to early intervention by discipline and location. Both Colorado and Illinois are studying the content included across their respective college and university systems.

A number of innovative strategies focusing on preservice training are being planned by states. For example, both Colorado and Illinois are planning to provide training to faculty across disciplines included in P.L. 99-457 (in Colorado this will be under the auspices of a grant to the UAP at Denver). Consortia of trainers (to include preservice and/on inservice trainers, depending on the state) are being used or are planned by Colorado, Illinois, and Maryland. A number of states (Colorado, Illinois, Montana, Texas) also are planning to distribute to universities and colleges descriptions of the unique competencies required by professionals who work with infants, toddlers, and their families, so that this content may be incorporated into existing coursework and programs.

Several states (Hawaii, Illinois, Texas) are targeting the development of preservice content for both professionals and paraprofessionals. Hawaii and North Carolina are funding a trainer position at the state level to work with community colleges. Both Hawaii and Idaho have targeted scholarship funds for students entering early intervention preservice training programs.

Dissemination. A number of states (Hawaii, Illinois, Maryland, Montana) proposed to disseminate information on training via a published calendar of events. Maryland and North Carolina also are planning to disseminate a training directory of preservice and inservice activities.

Supply/Demand. Most applications did not systematically address supply-and-demand issues within the CSPD. A number of states (Idaho, Illinois, Maryland, Texas) projected discrepancy estimates of staff needed versus those available through annual reporting by local systems. Illinois and Montana will study the number of graduates from preservice programs. Both Idaho and North Carolina are estimating projected needs for staff through a formula using child/staff ratio for different services. Most states plan to establish a statewide system for annual review of supply and demand.

The majority of the state documents reviewed targeted the recruitment/retention of staff as a priority objective. However, most did not include plans as to how these would be addressed, with the exception of providing scholarships at the preservice level (Hawaii, Idaho). However, several did establish processes that will be used to look at recruitment and retention issues (Idaho, Illinois, Maryland, Texas).

IV. Special Provisions [Rules & Regulations: Sec. 303.360]

Relationship between CSPD-H and CSPD-B. Hawaii, Illinois, and Texas are preparing the CSPD for Part H separately from the CSPD for Part B. Illinois and Texas both included specific mechanisms for linking the two plans. Other states (Idaho, Maryland, Montana) are using, extending, or incorporating Part B activities into the CSPD, or vice versa. Most of the states (Colorado, Hawaii, Idaho, Illinois, Maryland, Montana, North Carolina) proposed formalizing a linkage between the ICC and the CSPD through the continuation and/or development of personnel committees under the auspices of the ICC. The purpose of these committees will be to assist the ICC in both short-term and long-term planning in regard to personnel needs. Maryland also has proposed the formation of an interagency training team, while both Illinois and North Carolina are supporting a state-level position to support personnel activities.

Interdisciplinary Training. Most states appear to be offering inservice and some preservice training on an interdisciplinary basis. North Carolina has established an interagency agreement and an interdisciplinary (and interagency) state training team. Both Illinois and Maryland will sponsor an interdisciplinary training consortium. Illinois and North Carolina have established interdisciplinary committees under their ICCs whose purpose is to develop recommendations for inservice and preservice activities. Illinois, North Carolina, and Texas will provide inservice training across disciplines at both a state and regional level. Maryland, Montana, and North Carolina will sponsor interdisciplinary conferences. Hawaii and Montana identified federally funded interdisciplinary preservice programs which will assist in the provision of training.

Table 2

Questions to Guide the Development of a Statewide Personnel System*

What personnel configurations and occupational categories will define the early intervention service delivery system?

What staffing patterns will be established for early intervention services? What occupational categories will be needed?

What kind of credentialling system or structure will ensure that entry-level personnel are qualified for early intervention services?

What professional credentialling requirements will define the highest standard for each occupational category?

What unique knowledge and skill base in infancy is suitable for early intervention personnel in different occupational categories?

What credentialing system(s) will be used to ensure that each occupational category is filled by qualified personnel?

What system will be used to enable current early intervention personnel to meet qualifications or recommendations set for the statewide early intervention system?

What privileging or training standards will be applied to current personnel? What training structure will be used to address new credentialing or training standards for current personnel?

What are the characteristics of a statewide preservice system that will meet long-range entry-level personnel needs?

What models can preservice programs use to prepare entry-level infancy specialists, and how might these vary for different occupational categories?

What incentives are necessary for colleges and universities to initiate and carry out training programs?

What incentives are necessary to recruit and maintain early intervention personnel who represent the characteristics of diverse populations?

What system or structure will be needed to meet ongoing inservice and professional development needs?

How will needs of various groups of individuals be assessed? How will training be made available to a variety of individuals involved in early intervention?

What array of professional development opportunities is needed?

How will long-term personnel needs be determined?

What are the current best estimates of personnel needs?

What ongoing system will be needed to determine and project personnel needs?

What ongoing systems can be established to ensure that current and emerging needs are integrated into statewide planning?

How will early intervention needs assessment systems be coordinated with other existing systems and sources of information?

What structures and processes are needed to develop and institutionalize personnel standards and a comprehensive system for personnel development?

What alternative structures can be used for developing the system?

What frameworks are necessary to support an ongoing comprehensive system for personnel development?

* Adapted from McCollum, J.A., & Bailey, D.B. (Winter 1991). Developing comprehensive personnel systems: Issues and alternatives. Journal of Early Intervention, 15(1), p. 60.

Variety of Personnel Included in Training. Most states included training of a variety of personnel in the section listing available training opportunities, and all states included assurances with regard to making training available to a variety of personnel. North Carolina has specifically targeted daycare workers and public health nurses.

Interrelated Needs of Infants and Toddlers. Most states included assurances that this component would be addressed. North Carolina listed the availability of interagency conferences on the IFSP and teaming for addressing this provision.

Families: Promoting the Child's Development and Participating in the IFSP. All eight states included an assurance that this type of training would be included under the CSPD. Few states, however, provided specific plans for addressing this special provision of the legislation.

Training on the State Early Intervention System. As with other special provisions, most states addressed this one with an "assurance" statement to the effect that it would be included under the CSPD.

Summary

The authors' analysis revealed a range of thoughtful and creative strategies designed to ensure that early intervention personnel are appropriately and adequately prepared to carry out the challenging tasks of Part H. Personnel standards, including new occupational categories and infancy specializations, have been designed to ensure provision of family-centered services. Training resources have been mobilized and training consortia established in order to maximize the impact of scarce resources. While each of the eight states adhered to the criteria established by OSEP for approval of 4th year applications, each also reflected its own unique characteristics and needs.

Table 2 contains a set of questions which may be of help to states in thinking through the range of personnel issues involved in the development of a comprehensive, systematic personnel plan. States currently in the process of developing applications are encouraged to use these questions, and to contact any of the eight states included in this analysis for more information with regard to their particular approaches to addressing personnel components.

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About the Authors

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